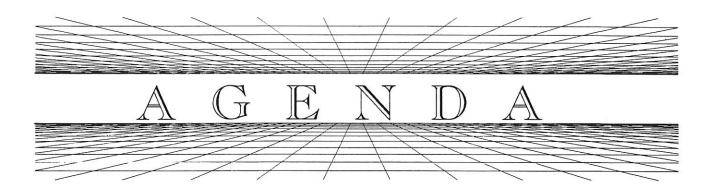
UTAH ASSOCIATION OF COUNTIES INSURANCE MUTUAL BOARD OF DIRECTORS MEETING



SEPTEMBER I, 1995, 9:00 A.M.
UTAH ASSOCIATION OF COUNTIES OFFICES
4021 SOUTH 700 EAST, SUITE 180
SALT LAKE CITY, UTAH
801-265-1331

9:00 CALL TO ORDER

GARY HERBERT

INTRODUCTION OF ASSISTANT ADMINISTRATOR

BRENT GARDNER

REVIEW AND APPROVAL OF AUGUST MINUTES

GARY HERBERT

BROKERS REPORT

KERI CHAPPELL

1996 Premium Contribution Rates

BOARD MEMBERS

12:00 ADJOURN



INSURANCE MUTUAL

UTAH ASSOCIATION OF COUNTIES INSURANCE MUTUAL (UACIM) MINUTES, BOARD OF DIRECTORS MEETING

September 1, 1995, 9:00 a.m. UAC Offices, Salt Lake City

Board Members Present:

Gary Herbert, President, Utah County Commissioner

Gerald Hess, Vice President, Davis County Deputy Attorney

Ken Brown, Rich County Commissioner

Sid Groll, Cache County Sheriff

Sarah Ann Skanchy, Cache County Council Member

Board Members Absent:

Dennis Ewing, Comptroller, Tooele County Clerk

Robert Gardner, Secretary, Iron County Commissioner

Ty Lewis, San Juan County Commissioner Gary Sullivan, Beaver County Commissioner

Others Present:

Kent Sundberg, Utah County Deputy Attorney

Brent Gardner, UACIM Administrator

Brett Rich, Director, UACIM

Sonya White, UACIM Administrative Assistant

Keri Chappell, UACIM Broker

CALL TO ORDER

Chairman Gary Herbert called the meeting to order and welcomed those in attendance.

REVIEW OF BOARD MEMBERS ABSENT

Dennis called the UAC office and reported to Sonya that he already had vacation plans when this meeting was scheduled, therefore, he would be unable to attend. Sonya received a call from Ty's secretary the day before the meeting explaining that Ty had an emergency and would not be able to attend the meeting. Robert called and said that he already had other meeting commitments when this meeting was scheduled. Gary Sullivan called the office this morning and explained that his son was involved in an accident and needed to see a specialist today.

Gerald made a motion to excuse Dennis and Gary Sullivan from this meeting and request that Robert and Ty provide the Board with a written excuse for their absence. Ken seconded the motion and the motion carried.

INTRODUCTION OF THE UACIM ASSISTANT ADMINISTRATOR

Brent introduced Brett Rich, the new Assistant Administrator of the UACIM, who began working approximately three weeks ago. Brett gave a brief description of his background to the Board. Brett is originally from Cache County, moved to Provo in 1992 to attend Law School at BYU. Brett graduated from USU in Business Administration/Political Science and operated a construction company in the Cache Valley Area. Brett explained that although his experience with insurance is short, he has been diligently learning all he can about the insurance business 4021 SHATH and Epooling which he is thoroughly enjoying. Brett thanked the Board for this opportunity to STITE 180 work with the UACIM.

t The Board discussed what specific title Brett should have in order for the counties to realize his 801-265-13/responsibilities. Brent and members of the Board offered some suggestions and finally decided FAX 801-26 on Director, UACIM.

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REVIEW AND APPROVAL OF AUGUST 1995 MINUTES

The minutes, from the August 3, 1995, meeting, were previously sent and reviewed by the Board. Gerald noted the following corrections: page three under Loss Summary and Financial Statement Review, first paragraph, should read: The Insurance Department requirement is \$2.4 million after which UACIM will begin to pay off the surplus loans. Gerald questioned whether Beaver, Garfield and Piute had submitted their renewal questionnaires. Sonya has received Beaver and Garfield. The Board directed Brett to contact Piute to get their questionnaire. Gerald questioned whether Baird Morgan had drafted the letter regarding breach of confidentiality. The Board directed Brett to contact Doug Alexander and Baird to get the letter drafted for Gary Herbert's signature. Gerald made a motion to accept the minutes as corrected. Sarah Ann seconded the motion and the motion carried.

PROPOSED MEETING WITH LARGEST CLAIM COUNTIES

Brent reviewed a list of those top claim counties for each year. Brent proposed to the Board to hold a special training meeting in each of these counties inviting the Commissions/Councils, Sheriff, Road Supervisor, Auditor, Insurance Coordinator, Jail Commander and the Personnel Director. The purpose of these meetings will be to express the concern of the high claims coming from each of these counties in an effort to reduce losses. Brent read through a draft agenda which he felt the items of discussion will benefit the counties and the UACIM. This agenda included: loss history compared to other counties in the pool, review of the largest losses and what actions the county is taking to control their losses, the purpose of county risk reviews, functions of the Accident Review Board, past training and who has attended from their county. Focus on those counties who need the most help and ask those counties what the UACIM can do to assist them. The Board all agreed that this type of training meeting would be beneficial to the UACIM as a whole. The counties may be able to help each other by comparing experiences and loss control efforts in regional training meetings involving three or more counties. The Board suggested that the meetings should be scheduled far enough in advance and ask that the Commission/Council Chairperson make the meeting mandatory. The Board directed Brent to refine the list not to include those counties who may have had a shock loss year and to begin preparation for these meetings.

BROKERS REPORT

Grand County Hospital. Keri reported that she was contacted by Dixie Barksdale, Hospital Board Member, who explained that instead of selling the Hospital the Special District is talking about retaining ownership and leasing it to Rural Health Management. Dixie expressed desire in keeping property and general liability coverage on the Hospital with UACIM. Keri spoke with Earl Sires, Grand County Administrator, who recommended that the Board should give the Hospital a deadline to find coverage elsewhere. Keri sent written notice to Dixie explaining the adopted special districts policy statement. Brent suggested that Gary Herbert, Brent and Brett sit down with some of the Council Members at the USACCC Workshop next week and discuss these concerns. Sarah Ann made a motion for Keri to draft a letter to Dixie explaining that coverage on this non-qualifying special district will cease effective September 30, 1995, signed by the President of UACIM and copied to Earl Sires and the Council Chairperson. Gerald seconded the motion and the motion carried.

Fireman's Fund TULIP Policy. Keri reviewed the revised Tenant User Liability Insurance Program application which she recreated into a UACIM form pursuant to her conversation with Brent and some of the Board Members after the previous Board meeting. This revision includes a \$25.00 premium increase, which is paid by the tenant, to cover time and expenses incurred by UACIM to provide this service to the member counties. Fireman's Fund will not add any additional cost to list the county as an additional insured. After review by the Board, Ken made a motion for UACIM to submit the \$2,000 deposit for Fireman's Fund to begin the program and to send the information to the member counties. Sid seconded the motion and the motion carried.

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<u>Uintah Basin Medical Center (Duchesne County Hospital)</u>. Keri reported that a letter addressed to Jess Hurtado of AIMS was received from Pat Stratton, Duchesne County Clerk, regarding the County Hospital. Pat explained that the Hospital has property coverage under the UACIM and another carrier. The County is requesting that coverage under the UACIM be canceled retroactive to January 1, 1995, and a premium refund issued. After extensive discussion by the Board, Ken made a motion that due to Duchesne County's purchase of double coverage on the Uintah Basin Medical Center (Duchesne County Hospital), that UACIM will discontinue coverage retroactive to January 1, 1995, pursuant to the request of Duchesne County. UACIM will refund Duchesne County's premium paid for the Hospital based on the Excess Carrier's rate. Sarah Ann seconded the motion and the motion carried. The Board directed Brett to personally contact Pat and give written notice of the Board's decision.

St. Paul Excess Insurance Policy. Keri reviewed a letter addressed to Brent from Jess Hurtado regarding the 1995 excess policy issued by St. Paul Insurance Company. Keri explained that during negotiations in February and March, St. Paul stated that they were going to reduced our earthquake coverage from \$50 million to \$10 million per occurrence. Since then, Jess and Keri have diligently worked with the underwriter, program supervisor and Senior Underwriter who finally told them that there was definitely no way that St. Paul's reinsurance treaties could support providing UACIM with \$50 million in earthquake coverage in a Class B Earthquake Zone. Looking through the economics it began to make more sense to them as addressed in Jess' letter. In checking other markets, these markets basically supported St. Paul's position. If the UACIM where to purchase excess up to the \$50 million it would cost an additional \$107,000 in the market place. Brett reviewed with the Board a seismic zone map showing the different zones in Utah and which counties would be impacted the most in the event of an earthquake. Brett explained that he has been trying to contact other states, with the same zones as Utah, to find out how their pools cover for earthquake. Mr. Charles Holden, Idaho Counties Risk Management Program, explained that their pool carries \$25 million in earthquake, which is not a real impact on their premium because of the Federal Emergency Management Agency (FEMA). Basically, FEMA is a fund, through the Federal Government, which reimburses public entities up to 80% for property losses caused by disasters. Brett will research this issue further and report to the Board at the next meeting. Sarah Ann suggested that Brett contact Loraine Frank, Director of Emergency Management, and also attend the upcoming Annual Training Session in Park City on September 19-20, 1995. Now that UACIM has received the St. Paul Policy, the Board directed Sonya to send the policies to the member counties. The Board will address the change in earthquake coverage to the membership at the Annual Meeting in November.

1996 PREMIUM CONTRIBUTION RATES

Keri reviewed with the Board a spreadsheet prepared by the Actuarial Service of Aon Risk Consultants, Exhibit Three, Version Three, showing the breakdown by county of 1995 Total Contribution, 1995 Surplus Contribution, 1995 Excess Reinsurance, 1995 Other Expense, 1995 Primary Loss Fund, Three Year Loss Ratio to Fund, Trended Loss Ratio to Fund, Adjusted Three Year Loss Ratio to Fund, Projected 1996 Losses, Fund Adjustment Factor, Adjusted Loss Fund, Adjusted Loss Ratio to Fund, 1995 Excess Reinsurance, 1996 Adjusted Fund Including Excess, Adjusted Loss Ratio to Fund Including Excess, 1996 Adjusted Fund Including Excess, 1996 Other Expense and Surplus Contribution as a Percentage of Total Contribution. This exhibit is basically the same as the Board approved last year except that the numbers only reflect loss history up to August 1995, wherein loss history up to October was reviewed last year. Also, this year the actuaries have broken down the Excess Reinsurance by county.

Keri continued that the Primary Loss Fund is the Total Contribution minus Surplus, Excess and Other Expenses. The average Three Year Loss Ratio to the Fund is 232.8% which UACIM, as a whole, should be no more than 100%. The Trended Loss Ratio is based on nationwide historical data, therefore, the Adjusted Three Year Loss Ratio to the Fund more adequately represents what was contributed last year compared to historical data. The 1996 Projected Losses include

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those UACIM losses up to August 1995, and is based on losses and exposure. UACIM's exposure base in 1992 was \$161 million in property compared to \$297 million in 1995 and expenditures in 1992 were \$161 million compared to \$222 million in 1995, these dramatic increased are due to inflation and growth. The Actuaries project that UACIM may want to fund to \$2 million this year, wherein the UACIM tried to fund to \$1.7 million last year.

The 1996 Adjusted Fund Including Excess also includes \$100,000 for \$50 million in earthquake coverage. This number will change based on what the Board decides to do for this type of coverage. Keri suggested that the Board may want to look at basing the contribution on exposure and losses per county, to avoid penalizing those smaller counties that may not be growing as fast as other counties. Excess reinsurance rates have stayed the same but the exposure is always increasing (rate times exposure).

Kent guestioned the amount listed for the 1995 Primary Loss Fund which does not reflect the number approved by the Board. Keri explained that Grand County received a refund which is not reflected in the approved loss fund amount. Also, the actual expenses were more than projected. The Board addressed this question, over the speaker phone, to Actuary, Jon Shampo, who prepared Exhibit Three Version Three. He explained that the expenses for 1995. listed in the 1994 Exhibit, were based on a 1% increase to the 1994 expenses but the total contribution for each county increased by varying percentages while the expenses were kept the same, therefore, that ratio will no longer be constant for each county, the way the 1994 Exhibit was figured. Kent explained, with his understanding of the set rates for 1995, the percentage increase/decrease per county that was approved last year was that percentage increase/decrease to the loss fund only. It was not the intent to carry over those percentages to any shortfall in expenses. Kent also noted that if the expenses went beyond what was projected, then the amount should have been paid by the same percentage times each county's total premium and those expenses reallocated back to the loss fund. Gary suggested that expenses be allocated based on population, payroll, maybe something other than premium, then there would be that constant figure instead of expenses being allocated by the ups and downs of premium caused by losses. Base the loss fund on loss history only. Jon suggested taking the expense provision, allocate it to the counties based on their exposure by using expenditures/revenue as a measure of the exposure base. This would be a constant base for each county, working the excess reinsurance the same way. The loss fund and the contributed surplus would act as a surcharge on top of the base premium level according to loss history. The Board thanked Jon for his time and requested that he continue to work with Keri to provide other Versions for the Board to consider.

Keri offered an example of setting contributions by departmental loss experience. After extensive discussion, the Board directed Keri to work with the Actuaries to run additional Versions showing the following information and report to the Board at the next meeting: 1) cap the percentage of total premium increase to 20%, 2) take out the \$100,000 for additional earthquake coverage and 3) allocate excess reinsurance by exposure.

Those Board members who will be attending the USACCC Workshop, will report to the Commissioners/Council Members that the Board is continuing to study the loss history of the UACIM and that a contribution increase may be unavoidable due to losses and the increase of county exposure.

OTHER BUSINESS

The next Board of Directors meeting is scheduled for September 21, 1995, at 10:00 a.m. at the UAC Offices. Meeting was adjourned.

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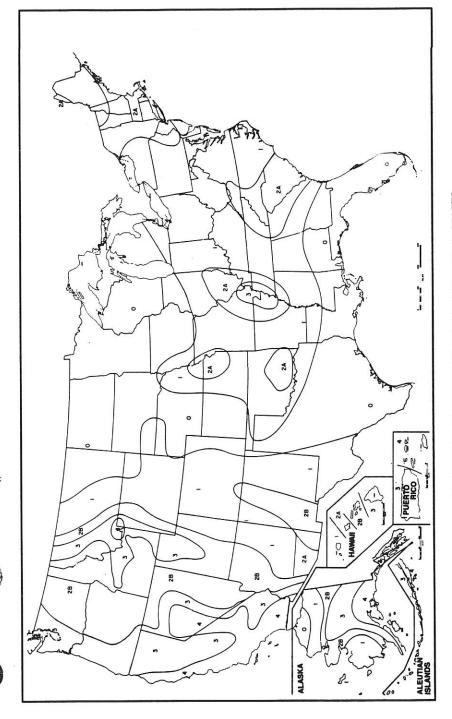


FIGURE 16-2—SEISMIC ZONE MAP OF THE UNITED STATES For areas outside of the United States, see Appendix Chapter 16.

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UAC INSURANCE MUTUAL

Top Five Largest Claim Counties (as of 7/31/95)

	1992	
COUNTY	TOTAL INCURRED	TYPE
Cache	215,509.59	GL
Uintah	172,217.45	GL
Washington	149,766.80	GL
Davis	114,162.07	GL
Uintah	111,138.25	AÜ

	1993	ine week
COUNTY	TOTAL INCURRED	TYPE
Box Elder	403,769.30	GL
Iron	232,666.56	AU
Tooele	203,551.44	GL
Cache	118,250.00	GL
Iron	101,144.03	GL

	1994	
COUNTY	TOTAL INCURRED	TYPE
Utah	213,661.84	AU
Washington	189,000.00	GL
Iron	180,968.83	AU
Wasatch	154,712.12	AU
Emery	83,281.29	AU

	1995	
COUNTY	TOTAL INCURRED	TYPE
Wasatch	54,674.04	AU
San Juan	50,000.00	GL
Utah	28,100.00	GL
Box Elder	23,000.00	GL
Box Elder	20,000.00	PY

FY 95/96 Cost Allocation Of Excess Liability Premium Charges

	EXCESS LIABILIT	Y INSURANCE PREMI Charges To Depart			
		Charges 10 Depart	ments - r t	35/36	
		All Lines (except a	viation, spe	cial events, work. co	mp.)
		l l l l l l l l l l l l l l l l l l l			
Dep't/	Dep't Name	Total	Percent	Total Limited	Percent
Agency		Payroll (w/OT)	of	Losses	of
		(as of 6/34/94)	Total	(5 yrs ending	Total
		(weight: 40%)	Payroll	6/30/94, valued	Losses
				at 11/30/94)	
				(weight: 50%)	
101	Caupail	402.210	0.110/	40	0.000
101	Council	\$93,310	0.11%	\$0	0.009
102	Admin	\$1,887,611	2.23%	\$7,799	0.139
102	Admin	71,007,011	2.23 /0	77,733	0.137
103	Attorney	\$1,300,967	1.53%	\$0	0.00%
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+1,000,007	1100 70	+0	0.007
104	Clerk	\$261,721	0.31%	\$0	0.009
107	HRD	\$1,359,116	1.60%	\$1,500	0.039
106	Finance	\$1,255,967	1.48%	\$0	0.009
105	Treasurer	\$685,038	0.81%	\$8,800	0.159
	1	10.100.	0.0101		
208	Library	\$2,466,573	2.91%	\$13,786	0.239
200	Police	624 000 150	20.270/	61 400 774	24 550
309	Police	\$24,809,150	29.27%	\$1,468,774	24.559
310	Fire	\$13,904,980	16.40%	\$70,748	1.189
010	1110	¥13,304,300	10.4070	770,740	1.10
411	Comm Dev	\$3,777,317	4.46%	\$11,055	0.189
		10/11/01/		1,1,7000	0.107
412	Pub Works/Eng	\$5,030,181	5.93%	\$2,277,185	38.069
213	PR & C	\$6,714,884	7.92%	\$471,322	7.889
514	Con. Center	\$6,099,460	7.20%	\$102,639	1.729
F45	0. "				
515	Stadium	\$5,462,421	6.44%	\$403,028	6.749
116	DB	60.450.004	2.000	10	0.000
116	DP	\$2,452,984	2.89%	\$0	0.009
417	Maint	\$3,886,280	4.58%	\$125,411	2 100
71/	14.GHIL	73,000,200	4.50%	7120,411	2.109
418	Planning	\$3,324,427	3.92%	\$1,020,414	17.06
	<u> </u>		0.0270	,020,114	17.00
	Total	\$84,772,387	100.00%	\$5,982,461	100.00

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FY 95/96 Cost Allocation Of Excess Liability Premium Charges

Total Premium C	\$854,104				
	7054,104				
	ı				
Total Street	Percent	(this	Total	Total	Dept.
Licensed	of	column	Percent	Cost	- 5 6 4.
Vehicles	Total	intentionall	Of	Allocation	
Assigned	Licensed	left blank)	Charges		
(weight: 10%)	Vehicles		Owed		
	Assigned				
0	0.00%		0.04%	\$376	Council
3	0.49%		1.01%	\$8,584	Admin
0	0.00%		0.61%	\$5,243	Attorney
0	0.00%		0.12%	\$1,055	Clerk
	0.0004		0.050	AE 50:	LIDE
0	0.00%		0.65%	\$5,584	HRD
-	0.000/	<u> </u>	0.500/	AF 000	F:
	0.00%		0.59%	\$5,062	Finance
1	0.00%		0.40%	\$2.200	Treasurer
	0.00 /6		0.40 /0	93,303	rreasurer
4	0.66%		1 34%	\$11.485	Library
	0.0070		110 170	¥11,400	Library
224	36.72%		27.65%	\$236,194	Police
55	9.02%		8.05%	\$68,790	Fire
9	1.48%		2.02%	\$17,272	Comm Dev
95	15.57%		22.96%	\$196,128	PW/Eng
102	16.72%		8.78%	\$74,988	PR & C
10	1.64%		3.90%	\$33,308	Con Center
	0.000		0.076	150 50:	0. "
20	3.28%		6.27%	\$53,584	Stadium
2	0.330/	ļ	1 100/	610 100	DB
	0.33%		1.13%	\$10,100	DP
17	7 70%		3 65%	\$31 105	Maint
47	7.70%		3.05%	731,135	IVIAIIIL
39	6 39%		10 74%	\$91 700	Planning
- 55	0.5576		10.74/0	731,700	i iaiiiiiiy
610	100.00%		100.00%	\$854.104	1
			1 2 2 1 3 7 7 0	1301,104	
	Assigned (weight: 10%) 0 3 0 0 0 0 0 4 224 55 9 102 10 20 47	Assigned (weight: 10%) Vehicles	Assigned (weight: 10%) Vehicles Assigned 0 0.00% 3 0.49% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 0 0.00% 4 0.66% 224 36.72% 55 9.02% 9 1.48% 95 15.57% 102 16.72% 10 1.64% 2 0.33% 47 7.70% 39 6.39%	Assigned (weight: 10%) Licensed Vehicles left blank) Charges Owed 0 0.00% 0.04% 3 0.49% 1.01% 0 0.00% 0.61% 0 0.00% 0.65% 0 0.00% 0.59% 0 0.00% 0.40% 4 0.66% 1.34% 224 36.72% 27.65% 55 9.02% 8.05% 9 1.48% 2.02% 95 15.57% 22.96% 102 16.72% 8.78% 10 1.64% 3.90% 20 3.28% 6.27% 47 7.70% 3.65% 39 6.39% 10.74%	Assigned (weight: 10%) Licensed Vehicles left blank) Charges Owed 0 0.00% 0.04% \$376 3 0.49% 1.01% \$8,584 0 0.00% 0.61% \$5,243 0 0.00% 0.12% \$1,055 0 0.00% 0.65% \$5,584 0 0.00% 0.59% \$5,062 0 0.00% 0.40% \$3,389 4 0.66% 1.34% \$11,485 224 36.72% 27.65% \$236,194 55 9.02% 8.05% \$68,790 9 1.48% 2.02% \$17,272 95 15.57% 22.96% \$196,128 102 16.72% 8.78% \$74,988 10 1.64% 3.90% \$33,308 20 3.28% 6.27% \$53,584 2 0.33% 1.19% \$10,166 47 7.70% 3.65% \$31,195 39

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Exhibit 3 Version 3 Sheet 1

Utah Association of Counties Evaluated as of 7/31/95

Beaver	C	1001	1					Ī						1	į
Beaver			1995	1992	1995	7,5	Transdad	気の	Pa	Fund	Adj.	₽₽ F	1996	Adj. Fund	12 E
Beaver		Surplus	Extrans	Other	Primary	а 5	95	95	1995	A	Loss	5	Expess	חמ	Fund Inc
Beaver	Contrib	Contrib.	Reins	Experises	Loss Fund	Fund	Fund	Fund	1,065566	Factor *	FYED	to Fund	Peins	Expass	EXCESS
	58,393	10,112	9,280	16,045	22,960	35.0%	338.9%	37.2%	8,534	0.0%	22,960	37.2%	11,464	34.424	24 8%
Box Elder	182,528	31,605	200'62	35,154	71,762	357.4%	397.4%	325.5%	233,601	42.0%	101,902	229.2%	35,833	137,735	169 69
Cache	182,941	31,677	29,072	50,267	71,925	347.4%	386.3%	302,8%	217,805	42.0%	102,133	213.3%	35.914	138.047	157 89
Davis	258,907	44,830	41,145	71,141	101,791	171.0%	190.1%	51.58	154,226	33.0%	135,382	113.9%	50.827	186 210	80 RM
Duchesne	91,464	15,837	14, 535	25,132	35,960	世界	149.8%	143.2%	51,491	30,0%	46.748	110.1%	17.956	64 703	70.52
Emery	223,434	38,688	35,507	61,394	67,845	104.9%	116.6%	95.5%	83,898	0.0%	87,845	95.5%	43.863	131 708	63.796
Garrinato	59,711	10,339	9,489	16,407	23,475	125.9%	140.0%	113.5%	28,637	30.0%	30,519	87.3%	11.722	42 241	63 1%
Grand	86,330	14,948	13,719	23,721	33,941	%4°79	71.8%	200	21,462	0.0%	33,941	200	16,948	50,689	200
hou	130,435	22,585	20,728	35,840	51,28f	575.7%	640.2%	506.8%	259,913	50.0%	76,922	337.9%	25,606	102,529	253.58
drath	76,028	13,164	12,082	20,891	29,691	175.5%	195.1%	161.3%	48,218	33.0%	39,755	121.3%	14,925	54,680	88
Kane	65,171	11,285	10,357	17,907	25,622	25.7%	28.5%	27.3%	7,001	0.0%	25,622	27.3%	12,794	38.417	18.78
Millard	726.06	15,753	14, 458	24,998	35,768	17.1%	19.0%	18.2%	6,518	0.0%	35,768	18.2%	17,860	53,628	12.2%
Pirto	14,164	2,449	2,248	3,886	5,561	0.0%	0.0%	0.0%	0	0.0%	5,561	0.0%	2.777	9.338	980 0
ĘĘ.	35,856	6,210	5,700	9,855	14,101	10.6%	11.8%	1.3	1,589	0.00 10.00	14,101	11.3%	7.041	21,142	7.5%
San Juan	106,680	18 472	16,953	29,313	41,942	103.2%	114.7%	93.0%	39,002	0.0	41,942	93.0%	20,943	62,885	62 0%
Samperte	90,537	15,677	14,388	24,877	35,595	230.9%	256.8%	208.2%	74,097	38.58	48,410	153.1%	17.774	66 183	112 09%
Sevier	71,836	12,439	11,416	19,739	28,243	18.00 18.00	66.0%	63.1%	17,811	0.0%	28,243	63.1%	14.102	42.345	19.
Toolele	203,375	35,215	32,320	55,882	79,958	202.6%	225.3%	181.4%	145,051	33.0%	106,345	136.4%	39,326	146 270	1 66
Uintah	124,631	21,580	19,606	34,245	49,000	537.9%	598.1%	465.7%	228,214	50.0%	73,499	310.5%	24,467	97,966	233 DW.
Utach	238,272	41,257	37,865	65,471	93,678	306,098	340.34	274.0%	256,692	39.0%	130,213	197.1%	46.776	176.989	145 DW
Wesench	91,302	15,809	14,509	25,087	35,896	342,0%	380.3%	311.5%	111,812	42.0%	50,972	219.4%	17.924	68.895	162 3%
Weshington	58,044	27,366	25,116	43,426	62,136	427.4%	475.2%	378.8%	235,345	45.0%	760,06	261.2%	31,026	121,124	194.3%
Wayne	33,261	5,759	5,286	9,139	13,077	5.5%	5.7%	5.4%	709	0.0g	13,077	5.4%	6.530	19,606	3.6%
Total	2,674,272	463,057	424,985	734,820	1,051,410	232.6%	258.5%	212.1%	2,229,626	27.6%	1,341,958	166.1%	525,000	856,938,	119.4%

Expenses exclude exoses insurance premium. Loss Fund equals: Total contributions less surplus contributions, expenses, and exoses insurance premium. Projected tosses in 1996 assume no increase in exposure

103.6%

Lass Trend lador Expense increase

	Adjusted 3-1	Adjusted 3-Year everage has radio	Fund
			Increase
g	Ð	105%	86
105%	Д	150%	30%
150%	В	200%	3336
200%	Ω	250%	36%
250%	ģ	3000%	39%
300%	₽	350%	\$24
350%	Q	400%	45%
400%	OF THEORY		50%

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Utah Association of Countles Evaluated as of 7/31/95	ion of Court of 7,31,95	S e e					Exhibit 3 Version 3 Sheet 2
	Adj	1996					
	EA BD	Adj. Fund	1996		Adj	% Incr.	Buy Cont.
	Fund Incl	pu	Other	Surplus	Total	Total	15%日
	Excess	Ercens	Expense	Contrib	Contrib.	Pag.	Tot Cont
Ведин	24.8%	34,424	16,207	10,591	61,222	4.8%	17.3%
Box Elder	169.6%	137,735	50,655	39,409	227,800	24.8%	17.3%
Cache	157.8%	138,047	50,770	39,499	228,316	24.8%	17.3%
Davis	R2.8%	186,210	71,852	53,984	312,045	20.5%	17.3%
Duchesne	79.6%	64,703	25,383	18,845	108,932	19. 18.	17.3%
Emeny	63.7%	131,708	62,00B	40,523	234,239	4.8%	17.32
Garfield	63.1%	42,241	16,571	12,303	71,115	19.1%	17.3%
Grand	42.2%	50,889	23,958	15,657	90,505	4.8%	17.3%
<u>ro</u>	253.5%	102,529	36,199	29,020	167,747	28.6%	17.3%
duah	88.7% See:7%	54,680	21,099	15,852	91,622	20.5%	17,3%
Kane	18.2	38,417	18,036	11,820	68,323	4.8%	17.3%
Millard	12.2%	53,628	25,248	16,500	95,377	4.8%	17.3%
Pitte	0.0%	8,338	3,925	2,565	14,628	4.6%	17.3%
Rich.	7.5%	21,142	9,954	6,505	37,600	4. B%	17.3%
Sen Juan	62.0%	62,885	29,606	19,348	111,839	4.8%	17.3%
Sarpete	112.0%	66,183	25,126	19,101	110,410	22.0%	17,3%
Savier	42.1%	42,345	19,936	13,029	75,310	4.8%	17.3%
Tronsile	99.2%	146,270	55,441	42,405	245,116	20.5%	17.3%
Cirtah	233.0%	97,966	34,588	27,729	160,283	28.6%	17.34
Utah	145.0%	176,989	66,126	50,857	293,972	23.4%	17.3%
Wassettofn	162.3%	68,896	25,338	19,713	113,948	24.8%	17.3%
Washington	194.3%	121,124	43,861	34,513	199,498	26.2%	17.3%
Wayme	- 1	19,606	9,231	6,032	34,870	4.8%	17.3%
Total	119.4%	1,866,956	742,169	545, 803	3,154,928	18.0%	17.3%

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Facsimile: 801/488-2559



August 30, 1995

Mr. L. Brent Gardner Utah Association of Counties 4021 South 700 East Suite 180 Salt Lake City, UT 84107

Re: Excess Earthquake & Flood Quotation

Dear Brent:

The following information is in reference to my letter submitted to you on August 28, 1995 concerning the excess limits for Earthquake and Flood Insurance.

We have received an additional quotation from the Westchester Insurance Company willing to provide the following:

\$20 Million X of \$10 Million (St. Paul) \$3,000 per Million = \$60,000

Less 10% Commission = \$54,000

This quotation offers a \$30 million limit option based on \$.30 rate per 100 value.

If upon your review, should you have additional questions, please do not hesitate to contact me.

Respectfully,

JESS A. HURTADO

Vice President

Aon Insurance Management Services, Inc. 2180 South 1300 East - Suite 500 Salt Lake City, Utah 84106 801/488-2550

Facsimile: 801/488-2559



August 28, 1995

Mr. L. Brent Gardner Executive Director Utah Association of Counties 4021 South 700 East, Suite 180 Salt Lake City, UT 84107

Re: St. Paul Insurance Company

Property Policy - Earthquake & Flood Coverage

Dear Brent:

The purpose of this letter is to deliver the excess property policy and to report on the condition of the Earthquake and Flood coverage section of the policy. We were notified by the underwriter, Regina Johnson, that the St. Paul was no longer in a position to provide Earthquake and Flood limits of \$50 Million and would be reducing their coverage limit to \$10 Million. As soon as we were notified we requested the assistance of our Corporate Marketing Department in negotiation with the carrier. Bill van Burk, our Major Accounts representative, assisted in the negotiation with the carrier as we began our process of challenging the position taken by Ms. Johnson. We contacted her supervisor, Armondo Calderon who, after a fairly lengthy delay, indicated that we would be able to work out this situation in a manner that would be acceptable to each party. He said he would get back to us with a response. After another lengthy time period we attempted to contact Armondo only to find out that he had been transferred to Europe and left no positive instructions concerning this issue.

With the departure of Armondo we requested a face to face meeting with Michael Schoff, Program Supervisor, to ask for assistance in resolving this issue. He referred us to Jeff Erager who was very slow in returning our calls. We finally nailed down Jeff only to discover he was the wrong fellow and finally, after numerous telephone calls and two meetings with St. Paul, ended up with Dennis Crosby, Senior underwriter over the Public Sector Services. While all of this was going on, we remained under the impression that the issue could be favorably settled once we presented our case to the person with direct authority over this issue.

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L. Brent Gardner August 28, 1995 Page 2.

Dennis listened to our position and promised to look into the issue and to provide our office with a timely response. Within a working week, and after reviewing the history of the UAC Insurance Mutual account, Dennis was back with his findings and requested some additional historical information. His first question was if we knew who had originally authorized St. Paul to assume this risk? He stated that the majority of the Utah property was located in a "Class B" quake zone and should not have been written in the first place.

Second, if we were aware of how the original based property rate was developed? It was his position the premium base of \$91,518., with a Total Insured Value of \$291,568,260., (Rate of \$.0313 per \$100 of value) was far to low to sustain the coverage written in the existing quake zone. He went on to state, "If an earthquake were to occur, the premium base would not represent an adequate form of risk transfer/premium charge or provide a reasonable rate of recovery for the St. Paul Insurance Company." At the same time, the St. Paul did not maintain the type of re-insurance that would allow them to assume \$50 Million in earthquake risk for a "Class B" earthquake zone. Therefore he was unwilling and unable to amend the limit from \$10 Million to the prior \$50 Million.

At the same time we were negotiating with the St. Paul Insurance Company we began approaching the excess earthquake and flood markets seeking alternative solutions. The response we received from the market place lends some creditability to the position taken by Dennis Crosby. Listed below you will find the market quotations we received and the amount of coverage each was willing to assume in a "Class B" quake zone. Limits are \$40 Million Excess of \$10 Million.

Travelers Insurance Company - \$10 Million part of \$40 Million	\$25,000.
(Rate .25 per \$100 of value) Westchester Insurance Company - \$10 Million part of \$40 Million	\$25,000.
(Same as Above) Royal Insurance Company - \$20 Million part of \$40 Million	\$59,500.
(Rate .2975 per \$100 of value) Total Premium - \$40 Million Excess of \$10 Million	\$119,500.
Less 10% Commission	\$107,550.

Please note that the rate of \$.25 per \$100 of value is based on coverage excess of \$10 Million. Compare it to the base property rate of \$.0336 per \$100 of value excess of \$150,000.

			, , ,

L. Brent Gardner August 28, 1995 Page 3.

The above quotations represent the most competitive quotations received to date. Listed below you will find the remaining quotations received.

Hartford Insurance Company - \$10 Million part of \$40 Million \$29,750.

Gr. American Insurance Company - \$5 Million part of \$40 Million \$12,500.

Firemans Fund - \$10 Million part of \$40 Million \$30,000.

The terms and conditions for the quoted premiums are:

25% of Premium Earned at Binding; Warranted All Risk including Theft Underlayer; Individual Company DIC Forms will be Utilized; Drop Down Provision to Apply; Verification of any Flood Zone Exposure.

While the alternative quotations may seem high, they do provide valuable insight into the Earthquake and Flood market place. There are no excess property markets willing to assume this type of risk (Class "B" earthquake zone) and provide \$50 Million in earthquake coverage as part of the base property rate/first dollar coverage. Each has taken a very conservative approach to the potential for loss and the probability that the loss will exceed the policy limits.

Upon your review of this information may I suggest we meet to discuss any questions you may have and to determine a course of action to bring this issue to a close. We are also in the process of marketing the entire Excess Property Package for the 1996 policy period and will report our progress to you in the very near future.

Respectfully,

Just A. Hurtado JESS A. HURTADO Vice President

Facsimile: 801/488-2559



August 30, 1995

Mr. L. Brent Gardner Utah Association of Counties 4021 South 700 East Suite 180 Salt Lake City, UT 84107

Dear Brent:

I am enclosing for your review various items to discuss at the board meeting on Friday, September 1, 1995.

With respects to the Special Events Liability Insurance Program, I have drafted a sample application and rating sheet to be distributed to member counties along with an explanation letter describing the program. Per our discussion at the last board meeting I increased the rates by \$25. If you would like to see additional options please let me know. For legal and audit reasons I suggest we interpret the additional charge as a processing fee which I have indicated on the Rating Schedule page.

Duchesne County has written to Jess requesting a refund for property coverage on their Hospital. It appears duplicate coverage has been in place since inception of the pool. The hospital's replacement cost value is 6,207,094, the remaining property values are only \$2,113,446. Options to consider in calculating a return premium would be to use the same excess property insurance rate for the Mutual of approximately .03 per 100 or compare to industry standard building rates of approximately .08 to .012 per 100 of value. The total property premium charged by their carrier in 1991 and the same premium used in 1992 was \$9,248.

Lastly, enclosed for your review is an example of cost allocating premium charges to the different departments of the county. I will be presenting this with the actuary and rating information on Friday and suggest we distribute to all members at the fall General Membership meeting.

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Page -2-L. Brent Gardner August 30, 1995

If upon your review of this information should you have additional questions, please feel free to call. I will plan on meeting with you and Brett on Friday morning to review the above information and quickly review the rating suggestions.

Respectfully,

Kem Chappell

Account Executive

Enclosures

DATE

COUNTY ADDRESS CITY, STATE

RE: Tenant Users Liability Insurance Program - (TULIP)

Dear CONTACT:

We are pleased to present member counties with the enclosed Tenant Users Liability Insurance Program (TULIP). The purpose of this program is to provide spectator and participant liability insurance to third party groups or organizations requesting the use of any facility owned and/or operated by the County.

The attached information should be distributed to all departments who may benefit from the use of the TULIP program. Each event will require a completed application along with the premium corresponding to the appropriate rate classification and hazard schedule. THIS IS A CASH PROGRAM, WITH NO EXTENDED CREDIT TERMS. Premiums must be received prior to the event in the form of a Cashiers Check or Money Order.

Premiums/Rates are <u>Per Event</u>, <u>Per Day</u> and <u>Per Number of Admissions</u> and are fully scheduled in the policy. Rates are easily determined from the attached, detailed, rate schedule.

Upon receipt of the application and premium our Broker, Keri Chappell, of Aon Risk Services will issue a Certificate of Insurance to the user. Users of the county facility are added as "Named Insured" and the County is automatically an "Additional Insured" at no charge.

The following coverage's are <u>excluded</u>, but may be submitted for special underwriting consideration and special acceptance <u>if reported 10 working days prior to the event:</u>

Circus & Carnivals
Mechanical Amusement Devices
Motorized Sporting Events
Tractor Truck Pulls
Aircraft and Balloon Events
Professional Sporting Activities; other than those listed in Schedule I, II, III, IV
Pyrotechnical Uses
Rap and / or Heavy Metal
Swimming Pool Facilities or Events

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Please note that this is not a Public Entity Insurance Program and will not replace or participate with the General Liability Insurance Program of the UACIM. This is a Master Special Event Program only. Also, please remember <u>County Sponsored</u> events have existing coverage through the Mutual and should not use this program.

LIMITS OF INSURANCE

Each Occurrence	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Fire Legal Liability	\$ 50,000
General Aggregate	NONE

Upon your review of this information should you have any questions or need any assistance, please do not hesitate to contact our office or you may contact our Broker, Keri Chappell at 488-2550.

Respectfully,

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UACIM

TENANT USERS LIABILITY INSURANCE PROGRAM APPLICATION FOR SPECIAL EVENT LIABILITY INSURANCE

County Name:				
County Address:				
Facility Address:				
Applicant/Tenant User/Na	me of Group:			
Mailing Address:				
Contact Name:	Ph	one #_		
Event Dates:	to	Numbe	er of Days:	
Description of Event:				
Rating Data: (Refer to atta	ached Hazard Schedules)			
Classification: Hazard Sch	edule (Class I, II, III, or IV)_			
	ctators/Participants per day:		#	
Class Schedule Per Day Pr	remium:		\$	
Liquor Liability Per Day P	remium:		\$	
Exhibitor/Concessionaire F	Per Day Premium:		\$	
Total Per Day Premium:			\$	
Number of Days:			X	
Total Special Event Premiu	ım:		\$	

- * No Coverage is provided by this policy unless an application has been submitted and a premium has been paid.
- * No Coverage is provided for Liquor Liability unless the submitted application includes a premium payment for Liquor Liability.
- * No Coverage is provided by this policy for Paid Professional Entertainment or talent unless specifically endorsed hereon.
- * This insurance does not apply to "Bodily Injury" or "Personal Injury" or death of any person while rehearing or practicing for, participating in, or traveling to and from any contents or exhibition of an athletic, dance or sports nature.

Premium payments accepted only by money order or cashiers check made payable to: (No Personal or Company Checks Accepted)

UACIM 4051 SOUTH 700 EAST SUITE 180 SALT LAKE CITY, UT 84107

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TULIP TENANT USERS LIABILITY INSURANCE PROGRAM GENERAL LIABILITY RATING SCHEDULE

* DAILY RATES (1 THRU 4 DAYS)

DAILY ATTEN SPECTATORS/			<u>CLASS I</u>	CLASS II	CLASS III	LIQUO	R LIABILITY
A. 1 B. 101 C. 501 D. 1501 E. 3001 F. 5001	- - - - +	100 500 1500 3000 5000	\$ 100. \$ 125. \$ 155. \$ 185. \$ 265. \$ TBD	\$ 120. \$ 155. \$ 205. \$ 280. \$ 365. \$ TBD	\$ 175. \$ 250. \$ 320. \$ 430. \$ 540. \$ TBD	PLUS ADDITION PREMIUM FOR LIQUOR LIABILITY	\$ 235.00 \$ 330.00 \$.21/ PERSON

ADD 10% TO THE PREMIUM FOR EACH ADDITIONAL INSURED (Other than the program sponsor or county)

* EXTENDED USE RATES (5 OR MORE DAYS)

SPECTATORS	/PA	RTICIPANTS	<u>CLASS I</u>	CLASS II	CLASS III	LIQUO	R LIABILITY
A. 1 B. 101 C. 501 D. 1501 E. 3001	-	500 1500 3000	\$ 120. \$ 165. \$ 225. \$ 295. \$ 385.	\$ 175. \$ 250. \$ 335. \$ 435. \$ 525.	\$ 260. \$ 330. \$ 430. \$ 530. \$ 655.		\$.21 / PERSON \$.21 / PERSON \$.21 / PERSON \$.21 / PERSON \$.21 / PERSON
F. 5001	+		\$ TBD	\$ TBD	\$ TBD	LIABILITY	\$ TBD

ADD 10% TO THE PREMIUM FOR EACH ADDITIONAL INSURED (Other than the program sponsor or county)

EXHIBITOR / CONCESSIONAIRES RATING SCHEDULE (PREMIUMS IN ADDITION TO ABOVE DAILY RATES)

EXHIBITORS - NO SALES - \$40. PER DAY / PER EXHIBITOR

CONCESSIONAIRES - NON FOOD SALES - \$70. PER DAY/ PER CONCESSIONAIRE

CONCESSIONAIRES - FOOD SALES - \$65. PER DAY / PER CONCESSIONAIRE

PRODUCTS LIABILITY COVERAGE IS EXCLUDED ON ALL VENDORS, CONCESSIONAIRES AND EXHIBITORS OR NON-FOOD SALES AND DEMONSTRATIONS

^{*} Rates include application and certificate processing fees.

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TENANT USER LIABILITY INSURANCE PROGRAM

EXCLUSIONS ALL HAZARDS IN CONNECTION WITH DESIGNATED OPERATIONS OR PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Exclusions of Specific Operations:

This insurance does not apply to "bodily injury" or "Property Damage" arising out of any operations connected with the following operations or premises, unless separately and specifically endorsed hereon:

Description of Operations or Premises

Circus and Carnivals
Mechanical Amusement Devices
Motorized Sporting Events
Tractor Truck Pulls
Aircraft and Balloon Events
Professional Sporting Activities
Pyrotechnical Uses
Rap and / or Heavy Metal
Swimming Pool Facilities or Events

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Insurance Company

HAZARD SCHEDULE CLASS I

SCHEDULE OF RISK CLASSIFICATIONS (Low Minimum Hazard Risks)

Antique Shows Art Festivals Art Shows

Auctions

Auto Shows

Award Presentations

Ballets or Other Classical Dance Shows

Banquets Bazaars

Beauty Pageants Body Building Contests Business Meetings Business Shows

Celebrations (Birthdays, anniversaries, etc.)

Chamber of Commerce Events Charity Benefits, Auction & Sales Church Services & Meetings Civic Clubs & Group Meetings

Classical Music Concerts, Jazz, Cultural

Consumer Shows

Conventions in Buildings

Craft Shows Debuts

Debutante Balls Drill Team Exhibitions Educational Exhibitions **Electronics Conventions**

Fashion Shows

Fishing Events Flower Shows Garden Shows Graduations

Gymnastic Competitions

Harvest Festivals (No Equipment)

Home Shows Hotel Shows Job Fair - Indoors Ladies Club Events

Lectures Luncheons Meetings (Indoor)

Pageants Reunions Seances

Scouting Jamborees

Seminars Social Gathering Social Receptions Speaking Engagements Symphony Concerts Teleconferences

Telethons

Trade Shows in Buildings

Vacation Shows Voter Registration Wedding Receptions



HAZARD SCHEDULE CLASS II

SCHEDULE OF RISK CLASSIFICATIONS (Medium Average Hazard Risks)

Bingo Games
Boat Shows
Evangelistic Meetings
Food Concessions (No Products)
Jam & Jazz Shows
Job Fairs - Outdoors
Meeting (Outdoor)
Mobile Home Shows
Old Timer Events
Organized Sightseeing Tours
Outings
Picnic Grounds without Pools or Lakes

Political Rallies
Rummage Sales
R.V. Shows
School Bands
Sidewalk Sales
Soap Box Derbies
Social Gathering (Outdoor)
Swap Meets
Trade Shows (Outdoor)
Union Meetings

	3				



HAZARD SCHEDULE CLASS III

SCHEDULE OF RISK CLASSIFICATIONS (Moderate Hazard Increased Exposure Average Risks)

Aerobics & Jazzercise Classes

Arcades

Baseball

Basketball

Bicycle Rallies

Casino & Lounge Shows

Cinemas

Country Western Events

Festivals & Cultural Events & Celebrations - Outdoors

Heads of State Events

Ice Skating Shows

Junior Athletic Games

Karate Meets

Kiddielands (No Rides)

Live Entertainment

Livestock Shows

Motion Picture Theaters

Night Club Shows

Parades (Under 500 Spectators)

Proms

Recreational Events (Excluding Participants)

Rodeos & Roping Events (Non-Professional, Spectator Liability Only)

Softball

Sporting Events In Buildings (Non-Professional)

State & County Festivals & Fairs (No Rides)

Tennis, Handball & Racquetball Courts

Theatrical Stage Performances (Musicals, plays and operas)

Volleyball



Insurance Company

HAZARD SCHEDULE CLASS IV

SCHEDULE OF RISK CLASSIFICATIONS (Risks that may be acceptable - Submit to Company)

Animal Acts and Shows Block Parties/Street Closures/Street Fairs Boxing, Wrestling, Hockey & Football Games (Non-Professional, Spectator Liability only) Concerts - Not Otherwise Classified Dances & Parties (Indoor) Exhibitions Film Production Gun & Knife Shows Instructional Classes Marathon (Walking, Running, etc.) Overnight Camping Parties **Promoters** Ski Events Zoos Anything not otherwise classified



Duchesne County Clerk's Office

Pat Stratton, Clerk Drawer 270 Duchesne, Utah 84021 801-738-2435 ext. 114

August 16, 1995

Jess Hurtado of Aon Insurance Management Service, Inc. 2180 South 1300 East #500 Salt Lake City, Utah 84106

RE: Property Coverage on the Uintah Basin Medical Center,

(Duchesne County Hospital, county owned hospital)

Dear Mr. Hurtado,

We currently have Duchesne County Hospital, now called the Uintah Basin Medical Center, covered under our UACIM Property & Casualty Pool for property only. It has come to our attention that we are duplicating what the hospital has already covered.

Please be advised that we wish to drop our property coverage on the hospital. I will ask you to make it retroactive to at least the first of this year. If you can go back further, it will be very much appreciated.

Sincerely,

Pat Stratton, Clerk

		**

Villis Corroon Corporation of Utah	St. Paul Mercury In	surance Co	mpany	BIND	ER NO.	
.O. Box 57970	DATE EFF	ECTIVE TIN		DATE	00010218 EXPIRATION	
alt Lake City UT 84157-0970	DATE			DATE		
301) 263-0100	01-MAY-1994	12:01	X AM PM	01-JUN-	- 1994	X 12:01/
	THIS BINDER IS IS			GE IN THE A	BOVE NAMED	
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SURED	PACKAGE/UME					
uchesne County Hospital				_		
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COMMERCIAL GENERAL LIABILITY		Ĺ	PRODUCTS - C	OMP/OP AGG.	\$ 1,000,000	
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ANY AUTO SEE ATTACHED VEHICLE SCHE	EDULE	Г	BODILY INJURY		\$	
ALL OWNED AUTOS		Ĺ	BODILY INJURY	(Per accident	\$	
SCHEDULED AUTOS		F	PROPERTY DAM		\$	
NON-OWNED AUTOS		-	MEDICAL PAYM		\$ Basic	
GARAGE LIABILITY			PERSONAL INJU UNINSURED MO		\$ 250,000	
Underinsured Motorists		ľ	DIVINOUNED WIO	TOMOT	\$ 250,000	
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	11 1000		SELF-INSURED	RY LIMITS	10.000	
WORKER'S COMPENSATION AND		h	ACH ACCIDENT		\$	
EMPLOYER'S LIABILITY			DISEASE-POLICY	LIMIT	\$	
		! [DISEASE-EACH	EMPLOYEE	\$	

Page: 2
Attached to and forming part of Binder No. 00010218-01
Duchesne County Hospital

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the first page of this form. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

APPLICABLE IN NEVADA

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

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WILLIS CORROON CORPORATION OF UTAH F.O. Box 57970 Salt Lake City, UT 84157-0970 (801) 263-0100

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PRG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Business Auto Section				
		Named Insured(s)		
,		Duchesne County Hospital	ital	
		Duchesne Valley Medical Clinic	cal Clinic	
		Uintah Basin Home He	Home Health Agency	
2		Uintah Basin Physici	Physicians Clinic	
		Duchesne County		
		Altamont Health Clinic	Ċ	
Liability Combined Single Limit on any auto	1,000,000			
Personal Injury Probabilion on all owned autobalich require NoFault Posterage	Basic			
Uninsured Motorist on all owned autos	250,000			
Underinsured Motorist on all owned autos	250,000			
Comprehensive on autos specified on schedule				
Collision on autos specified on schedule				

This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the binder referred to herein is attached hereto is attached hereto.

	- 1

This polic is att	1					
schedule of insurance is es for limits, terms, con ached hereto.			Employer's Non-Ownership	Hired/Borrowed Automobile	COMMERCIAL PRG/UMB Business Auto Section	1 6
for information purposes only. It does not alter, and exclusions. This coverage attachment		States: 00000	Sta	(Continued)	Limits	County Hospital
Iter, amend or change your coverage. Please refer to specific ment may be relied upon only if the binder referred to herein		0 Employees	States: UT Cost of Hire: If Any	01-MAY-1994 01-MAY-1995	Comments Period	BELL COVERAGE
Please refer to specific binder referred to herein				Carrier/Number St. Paul Mercury Insurance	POLICY	SCHEDULE Date Prepared Reported As Or

	.*	

ACCOUNT : 138225 POLICY : HK08300148

Duchesne County Hospital BINDER: 00010218

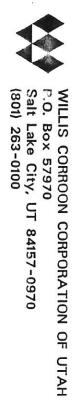
SCHEDULE Reported As Of: 1-MAY-1994

EFFECTIVE DATE : EXPIRATION DATE :

1-MAY-1994 1-MAY-1995

9	92	91	80 12	80	84	YEAR INS
Ford E350 Ambulance 40,700 Roosevelt UT 8406	GMC Safari Mini Van 18,400 Roosevelt UT	Ford Ambulance 43,000 Roosevelt UT 84066	Ford Ambulance CTV35C 42,000 Roosevelt UT 8406	Ford Ambulance Model K30 34,307 Roosevelt UT 84066	Ford Ambulance CTV35C 40,872 Roosevelt UT 8406	R MAKE/MODEL INS ID DIVISION COST NEW GARAGE LOCATION Ford Ambulance Type III 59,817 Roosevelt UT 8406
1FDKE30M0NHB49009 84066	1GKEL19Z4NB505303 00 7398	1FDHS34M5MHHA1121 000 066	5C 1FDKE30L4CHB52449 1,000 84066	1FDKE30L4CHAO7248 07 066	95C 1FDKE30L7EHB63321 0,872 84066	VIN CLASS SIC ZONE FILE 1FDKE30M2KHA76656 84066
×	×	×	×	×	×	LIAB
×	×	×	×	×	×	AB PIP
						1 1
						PAY
×	×	×	×	×	×	× UM
×	×	×	×	×	×	MND
						TOW
\$250	\$250	\$250	\$250	\$250	\$250	COMP DEI X \$250
						ADDL MED UM UNM TOW COMP SP COLL PIP PAY DEDUCTIBLES X X X \$250 \$500
\$500	\$500 X	\$500	\$500	\$500	\$500	SSOO

TOTAL VEHICLES:



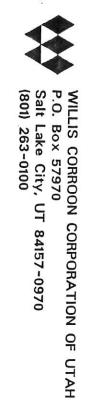
Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	SPECIFIED LIMITS Business Contents	9,000,000		SPECIFIED LIMITS Building								Commercial Property Section	COMMERCIAL PKG/UMB	Description Limits	COVERAGE
Bldg	Location 00001 250	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	Bldg	Location 00001 250	 Altamont Health Clinic	Duchesne County	Uintah Basin Physici	Uintah Basin Home He	Duchesne Valley Medical Clinic	Duchesne County Hospital	Named Insured(s)			Comments	
Bldg 00001 Hospital	250 West 300 North Roosevelt, UT 84066	Occurrence	Bldg 00001 Hospital	250 West 300 North	Ċ		Physicians Clinic	Home Health Agency	cal Clinic	ital			01-MAY-1994 St. 01-MAY-1995 HK0	Period	
													St. Paul Mercury Insurance HK08300148	Carrier/Number	POLICY

This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the binder referred to herein is attached hereto.



Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

COVERAGE			POLICY
Limits	Comments	Period	Carrier/Number
		01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
(Continued)			
6,000,000	insurance ment Cost		
	۰ ۶ _	ccurrence	
	Location 00002 50 E.	ast 200 South	
	Bldg		Q
187,200	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increa	currence	
	Location 00002 50 Ea	sne, UT 84021	·
	Bldg		a
	0 0 1 1 2	Limits Comments 90% Coinsurance Replacement Cost Special Cause of 1 4.000% Inflation Deductible \$1,000 B7,200 B7,200 Location 00002 Location 00002 Location 00002 Location 00002	Limits Comments Period 01-MAY-1994 01-MAY-1995 01-MAY-1995 01-MAY-1995 01-MAY-1995 01-MAY-1995 01-MAY-1995 1-003 Inflation Increase 0 Deductible \$1,000 Per Occurrence 1-004 Increase 0 Deductible \$1,000 Per Occurrence 1-005 Increase 0 Deductible \$1,000 Per Occurrence 1-005 Increase 0 Deductible \$1,000 Per Occurrence 1-005 Increase 0 Deductible \$1,000 Per Occurrence 1-005 Increase 0 Deductible \$1,000 Per Occurrence 1-005 Increase 0 Deductible \$1,000 Per Occurrence

This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the binder referred to herein is attached hereto. Please refer to specific



Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PRG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Business Contents	41,600	90% Coinsurance		
		acement Cost lal Cause of 100% Inflation 5tible \$1,000	Loss Increase 0 Per Occurrence	
SPECIFIED LIMITS				
		Location 00002 50 E	50 East 200 South Duchesne, UT 84021	
		Bldg	Bldg 00002 Doubl	Double Wide Trailer - Housing
	3,000	90% Coinsurance Replacement Cost Special Cause of Loss		
		4.000% Inflation Increase 0 Deductible \$1,000 Per Occurrence	ase O ccurrence	
SPECIFIED LIMITS Building		Location 00003 250	250 West 300 North Roosevelt, UT 84066	-
		Bldg	Bldg 00001 Stora	Storage Building

is attached hereto. This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the This coverage attachment may be relied upon only if the binder referred to herein Please refer to specific

Date Prepared : 28-APR-1994

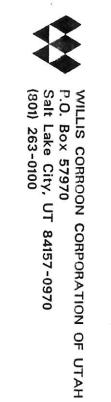
Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	25,000	90% Coinsurance Replacement Cost Special Cause of Loss		
		4.000% Inflation Increase Deductible \$1,000 Per Occu	on Increase 0 00 Per Occurrence	
SPECIFIED LIMITS Business Contents		Location 00003 250	250 West 300 North Roosevelt, UT 84066	
		Bldg	Bldg 00001 Stora	Storage Building
	2,100	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occur	Loss Increase 0 Per Occurrence	
SPECIFIED LIMITS				
Building		Location 00004 250	250 West 300 North Roosevelt, UT 84066	
		Bldg	Bldg 00001 Clinic	a
! [

This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the binder referred to herein is attached hereto. Please refer to specific



Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PRG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
5				
Building	280,800	90% Coinsurance		
		Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occur	oss Increase O Per Occurrence	
SPECIFIED LIMITS Business Contents		Location 00004 250	250 West 300 North Roosevelt, UT 84066	
		Bldg	Bldg 00001 Clinic	a
	26,000	90% Coinsurance Replacement Cost Special Cause of Loss		
		4.000% Inflation Increase Deductible \$1,000 Per Occu	Increase 0 Per Occurrence	
SPECIFIED LIMITS Building		Location 00005 190	190 West 300 North Roosevelt, UT 84066	
,		Bldg	Bldg 00001 Home	Home Health Agency Office

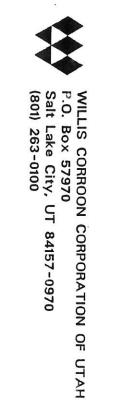
			. * "	* **

Reported As Of: 1-MAY-1994 Date Prepared : 28-APR-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PRG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	65,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	oss Increase 0 Per Occurrence	
SPECIFIED LIMITS Business Contents		Location 00005 190	190 West 300 North Roosevelt, UT 84066	
		віф	Bldg 00001 Home	Health Agency Office
	25,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	oss Increase O Per Occurrence	
SPECIFIED LIMITS Building		Location 00006 355	355 North 200 West Roosevelt, UT 84066	
		віс	Bldg 00001 ARCH	ARCH Office



Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	70,000	90% Coingurance		
	•	Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occur	loss Increase 0 Per Occurrence	
SPECIFIED TIMITS Business Contents		Location 00006 355	355 North 200 West Roosevelt, UT 84066	
		Bldg	Bldg 00001 ARCH	ARCH Office
	40,000	90% Coinsurance Replacement Cost Special Cause of Loss		
		Inflation ble \$1,000	Increase 0 Per Occurrence	
SPECIFIED LIMITS				
Building		Location 00007 Clin	Clinic HBC Tabiona Tabiona, UT 84072	10
		Bldg	Bldg 00001 clinic	o.
c.				

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WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970
Salt Lake City, UT 84157-0970
(801) 263-0100

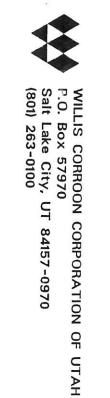
BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	35,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase 0 Deductible \$1,000 Per Occurrence	ccurrence	
		,		
SPECIFIED LIMITS Business Contents		Location 00007 Cli	Clinic HBC Tabiona Tabiona, UT 84072	
		Bldg	Bldg 00001 Clinic	lc -
	4,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occur	loss Increase 0 Per Occurrence	
1				
SPECIFIED LIMITS Building		Location 00008 365	365 North 200 West Duchesne, UT 84021	
		Bldg	Bldg 00001 One	Family Dwelling
2				



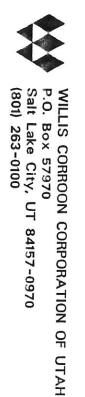
Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Binder No: 00010218-01

Prepared for: Duchesne County Hospital

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PEG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property				
- Odc croff	(Continued)			
Building	40,000	90% Coinsurance		
3		Replacement Cost Special Cause of Loss		
		Inflation ble \$1,000	Increase 0 Per Occurrence	
SPECIFIED LIMITS Building		Location 00010 State	State & Lagoon Roosevelt, UT 84066	
		Bldg	Bldg 00001 EMT &	Ambulance Bldg.
	100,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	e f Loss on Increase 0 00 Per Occurrence	
SPECIFIED LIMITS				
Building		Location 00011 150 1	150 East Main Altamont, UT 84001	
٠		Bldg	Bldg 00001 Altam	Altamont Health Clinic
2				

	2



Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No : 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	60,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	oss Increase O Per Occurrence	
SPECIFIED LIMITS Business Contents		Location 00011 150 East Altamont	150 East Main Altamont, UT 84001	
		Bldg	Bldg 00001 Altam	Altamont Health Clinic
	6,000	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occur	loss Increase 0 Per Occurrence	
1				
SPECIFIED LIMITS Building		Location 00012 205 West Roosevel	205 West 300 North Roosevelt, UT 84066	
,		Bldg	Bldg 00001 Auxil	Auxilary Medical Clinic
This schedule of insurance is for information	Mornotion			

Date Prepared : 28-APR-1994

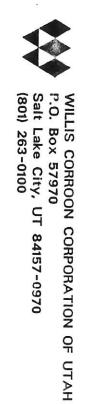
Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	SPECIFIED LIMITS Building		SPECIFIED LIMITS Business Contents	Building	Commercial Property Section	COMMERCIAL PRG/UMB	Description	
		55,000		260,000	(Continued)		Limits	COVERAGE
Bldg	Location 00013 200	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	Location 00012 205 Roos	90% Coinsurance Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu			Comments	
Bidg 00001 Dwelling	90 Nc	rrence	205 West 300 North Roosevelt, UT 84066 Bldg 00001 Auxi	oss Increase O Per Occurrence		01-MAY-1994	Period	
ling			rth 4066 Auxilary Medical Clinic			St. Paul Mercury Insurance HK08300148	Carrier/Number	POLICY

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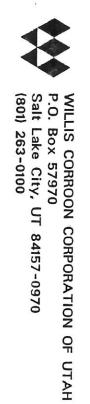
Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1394

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Building	60,000	90% Coinsurance		
		Replacement Cost Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	ioss Increase 0 Per Occurrence	
	ě		*	
SPECIFIED LIMITS Building		Location 00014 356 Roos	356 North 200 West Roosevelt, UT 84066	
		Bldg	Bldg 00001 One F	One Family Dwelling & Office
	65,000	90% Coinsurance Replacement Cost		
£		Special Cause of Loss 4.000% Inflation Increase Deductible \$1,000 Per Occu	oss Increase O Per Occurrence	
,				
SPECIFIED LIMITS Business Contents		Location 00014 356 N	356 North 200 West Roosevelt, UT 84066	
,		Bldg	Bldg 00001 One F	Family Dwelling & Office
>0				
T. A.				



Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Commercial Property Section	(Continued)			
Business Contents	14,000	90% Coingurance		
		0 1	ioss Increase 0 Per Occurrence	
Protective Safeguards Endt./Level of Protection/Theft				
		Protective Safeguards Endo Safeguard: P-1 Automatic	Safeguards Endorsement Applies to Locations 1, P-1 Automatic Sprinkler System	to Locations 1, 3 & 4
		Percent of Automatic Increase in Insurance 4% at all Locations Building and Business Contents	ease in Insurance siness Contents	4% at all
		Level of Protection all Locations -	cations - 3	
		Theft Coverage provided at all Locations	all Locations	
÷				-
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is attached hereto. This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the This coverage attachment may be relied upon only if the binder referred to herein Please refer to specific



Salt Lake City, UT 84157-0970 (801) 263-0100 WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR-1994

Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance
Crime Section				
2		Named Insured(s)		
		Duchesne County Hospital	i ta	
		Duchesne Valley Medical Clinic	cal Clinic	
		Uintah Basin Home Health Agency	alth Agency	
		Uintah Basin Physici	hysicians Clinic	
		Duchesne County		
		Altamont Health Clinic	Ċ	
Total Policy Limit	100,000			
Coverages: Blanket Employee Dishancery Protection	100,000			
Forgery or Alteration Protection	100,000			
			ä	ū.
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This schodule of incurance is for information				

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WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970 Salt Lake City, UT 84157-0970 (801) 263-0100

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR 1994 Reported As Of: 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	Coverages: Small Computer			Elec Data Processing Section	COMMERCIAL PEG/UMB	Description	
	300,000					Limits	COVERAGE
	Altamont Health Clinic Actual Cash Value Special Cause of Loss	Uintah Basin Physici Duchesne County		Named Insured(s)		Comments	
Œ	G.	Physicians Clinic nty	cal Clinic alth Agency	 	01-MAY-1994 01-MAY-1995	Period	
on file with company					St. Paul Mercury Insurance HK08300148	Carrier/Number	POLICY

WILLIS CORROON CORPORATION OF UTAH
P.O. Box 57970
Salt Lake City, UT 84157-0970
(801) 263-0100

BINDER COVERAGE SCHEDULE

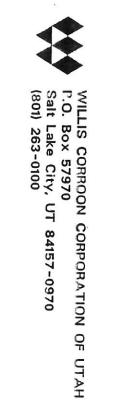
Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
General Liability Simp Section				
3		Named Insured(s)		
×		Duchesne County Hospital	ita I	
		Duchesne Valley Medical Clinic	al Clinic	
		Vintah Basin Home He	Home Health Agency	
		Uintah Basin Physicia	Physicians Clinic	
		Duchesne County		
2		Altamont Health Clinic	'n	
Occurrence Policy				
		Deductibles per Occurrence	тсе	٠
Commercial General Linbility Products & Completed		Bodily Injury Deductible	\$10,000	
perational & Occuri	1,000,000 1,000,000 1,000,000			·
Medical Expense	5,000	Any One Fire Any One Person		
Prof. Liability - Each Person	1,000,000	CLAIMS MADE - Retro 5-1-82 Deductible \$10,000		
Prof. Liability - Total Limit	3,000,000	CLAIMS MADE - Retro 5-1-82 Deductible \$50,000	- 8 2	
Patients Property Damage	1,000	Per Patient Deductible Deductible \$100		

10			



Date Prepared : 28-APR 1994
Reported As Of: 1-MAY 1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
General Liability Simp Section	(Continued)			
Empl Emergency Room Physicians		Same limit as Hospital See	e ERM	
Commercial General Liability Limits and Deductibles				,
		Form 46199 4-91 Limits of Coverage: General Total Limit Products and Completed Work Total Limit Personal Injury each person Advertising Injury each person Each Event Limit Premises Damage Limit Medical Expenses Limit Patients Property Damage Limit	សសសស្សស្ ស្ ស	000,000. 000,000. 000,000. 100,000. 1,000.
		Deductibles: Bodily Injury Each Event Personal Injury Each Person Advertising Injury Each Person Patients Prop. Dam. Each Patient Total Deductible	w w w w	10,000. 10,000. 10,000. 100.
Employed Emergency Room Physicians		This endorsement changes yo	ur Professional	changes your Professional Liability Protection - Claims Made.
,		How your coverage is changed: The following is added to the	d: he What This Ag	added to the What This Agreement Covers section
1.		Employed Emergency Room Physicians. Your employed emergency room are protected against covered claims while working for you within of their duties.	sicians. Your ed claims while	Your employed emergency room physicians while working for you within the scope



Salt Lake City, UT 84157-0970 (801) 263-0100 WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

General Limits of coverage. Persons protected under this endorsement don't have separate limits of limits of limits of limits, but share in your coverage limits. All other terms of your policy remain the same.	Description	COVERAGE	Comments	Period 01-MAY-1994 01-MAY-1995	POLICY Carrier/Number St. Paul Mercury Insurance HK08300148
Limits of coverage. separate limits of 11 All other terms of your separate terms of your separate.	General Liability Simp Section	(Continued)			
All other terms of			Ε.	ity, but share in	er this endorse
	To the state of th			olicy remain the	same.
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					•

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WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970
Salt Lake City, UT 84157-0970
(801) 263-0100

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR 1934
Reported As Of : 1-MAY-1934

Reported As Of: 1-MAY-1994

Binder No: 00010218-01

Prepared for: Duchesne County Hospital

Schedule of Basic Insurance - Medical Professional Liability Underlying Policies Retained Limit Limits of Liability OCCURRENCE COVERAGE CLAIMS MADE COVERAGE COMMERCIAL PRG/UMB Umbrella Section General Liability Simp Business Auto Description COVERAGE 1,000,000 1,000,000 Limits Policy Period: 5/1/93 to 5/1/94 Each Occurrence Altamont Health Clinic Duchesne County Uintah Basin Home Health Agency Coverage Is: Claims Made Policy No.: HKOB300148 HK08300148 Aggregate Retro Date Uintah Basin Physicians Clinic Duchesne Valley Medical Clinic Duchesne County Hospital Named Insured(s) Limits of Coverage: HK08300148 Insurer: St. Paul Mercury Insurance Co. Comments : 01-MAY-1993 \$1,000,000. any one person \$3,000,000. total limit 01-MAY-94 01-MAY-95 St. Paul Mercury Insurance Company 01-MAY-94 01-MAY-95 St. Paul Mercury Insurance Company 01-MAY-1994 01-MAY-1995 Period St. Paul Mercury Insurance HK08300148 POLICY Carrier/Number

policies for limits, terms, conditions and exclusions. This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage. is attached hereto. This coverage attachment may be relied upon only if the binder referred to herein Please refer to specific



WILLIS CORROON CORPORATION OF UTAH P.O. Box 57970
Salt Lake City, UT 84157-0970
(801) 263-0100

BINDER COVERAGE SCHEDULE

Date Prepared : 28-APR-1994 Reported As Of : 1-MAY-1994

Prepared for: Duchesne County Hospital

Binder No: 00010218-01

	COVERAGE			POLICY
Description	Limits	Comments	Period	Carrier/Number
COMMERCIAL PKG/UMB			01-MAY-1994 01-MAY-1995	St. Paul Mercury Insurance HK08300148
Umbrella Section	(Continued)			
Limits of Coverage		General Total Limit Products/Completed Work Total Limit Medical Prof. Injury each person Limit Personal Injury each person limit Advertising Injury each person limit Each Event Limit	stal Limit \$1, person Limit \$1, on limit \$1, erson limit \$1, \$1,	\$1,000,000. \$1,000,000. \$1,000,000. \$1,000,000. \$1,000,000.
		Deductible (This deductible applies to each covered by your Basic Insurance).	\$ 10,000. applies to each event or offense not masic Insurance).	10,000. offense not
A.				

This schedule of insurance is for information purposes only. It does not alter, amend or change your coverage, policies for limits, terms, conditions and exclusions. This coverage attachment may be relied upon only if the is attached hereto. This coverage attachment may be relied upon only if the binder referred to herein Please refer to specific

FY 95/96 Cost Allocation Of Excess Liability Premium Charges

	EXCESS LIABILIT	Y INSURANCE PREMI	UM (\$1 MM	1 - \$20 MM)	
		Charges To Depart	ments - FY	95/96	
		All Lines (except a	viation, spe	cial events, work. co	mp.)
Davile/	D. J. M.				
Dep't/	Dep't Name	Total	Percent	Total Limited	Percent
Agency		Payroll (w/OT)	of .	Losses	of
	 	(as of 6/34/94)	Total	(5 yrs ending	Total
	 	(weight: 40%)	Payroll	6/30/94, valued	Losses
				at 11/30/94)	
				(weight: 50%)	
101	Council	\$93,310	0.11%	\$0	0.00%
	Council	433,310	0.1170	\$0	0.00%
102	Admin	\$1,887,611	2.23%	\$7,799	0.13%
		11/00//011	2.2070	47,700	0.1376
103	Attorney	\$1,300,967	1.53%	\$0	0.00%
		1.,,000,000	1.00%	70	0.0070
104	Clerk	\$261,721	0.31%	\$0	. 0.00%
				,,,	, 0.0070
107	HRD	\$1,359,116	1.60%	\$1,500	0.03%
				,,,,,,,,	0.0070
106	Finance	\$1,255,967	1.48%	\$0	0.00%
					0.00%
105	Treasurer	\$685,038	0.81%	\$8,800	0.15%
					, .
208	Library	\$2,466,573	2.91%	\$13,786	0.23%
				*	
309	Police	\$24,809,150	29.27%	\$1,468,774	24.55%
310	Fire	\$13,904,980	16.40%	\$70,748	1.18%
-411	Comm Dev	\$3,777,317	4.46%	\$11,055	0.18%
412	Pub Works/Eng	\$5,030,181	5.93%	\$2,277,185	38.06%
210	DD 4 0				
213	PR & C	\$6,714,884	7.92%	\$471,322	7.88%
E11	Con Control	10.000.100	7.000		
514	Con. Center	\$6,099,460	7.20%	\$102,639	1.72%
515	Stadium	AE 400 404	0.440	1100.000	
313	Station	\$5,462,421	6.44%	\$403,028	6.74%
116	DP	62 452 004	2.000	10	0.000
. 10		\$2,452,984	2.89%	\$0	0.00%
417	Maint	\$3,886,280	4.58%	610E 444	2.100/
		73,000,200	4.30%	\$125,411	2.10%
418	Planning	\$3,324,427	3.92%	\$1,020,414	17.060/
		+5,52+,421	0.02 /0	71,020,414	17.06%
	Total	\$84,772,387	100.00%	\$5,982,461	100.00%
		.5.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 55.55 /6	¥3,302,401	100.00%
128-1635	INEL95&96.XLS				

-47	18.9

FY 95/96 Cost Allocation Of Excess Liability Premium Charges

	T. (15)					
- NAME OF THE POST	Total Premium C					
***************************************		\$854,104				
Dep't Name	Total Street	Percent	(this	Total	Total	Doort
Dop t Ivaine	Licensed	of	column	Percent	Cost	Dept.
	Vehicles	Total	intentionall		Allocation	
	Assigned	Licensed	left blank)	Charges	Allocation	
	(weight: 10%)	Vehicles	lert blark)	Owed		
	(110.gitt. 1070)	Assigned		Ovveu		
	 	Assigned				
Council	0	0.00%		0.04%	\$376	Council
		0.0070		0.0470	4370	Council
Admin	3	0.49%		1.01%	\$8,584	Admin
	1	2.,070		1.0170	+3,304	7.0111111
Attorney	0	0.00%		0.61%	\$5,243	Attorney
				3.3170	+3,243	. tetorney
Clerk	0	0.00%		0.12%	\$1,055	Clerk
				51.1270	, 1,000	JOIN
HRD	0	0.00%		0.65%	\$5,584	HRD
					. 2,001	
Finance	0	0.00%		0.59%	\$5,062	Finance
Treasurer	0	0.00%		0.40%	\$3,389	Treasurer
						110000101
Library	4	0.66%		1.34%	\$11,485	Library
Police	224	36.72%		27.65%	\$236,194	Police
Fire	55	9.02%		8.05%	\$68,790	Fire
Comm Dev	9	1.48%		2.02%	\$17,272	Comm Dev
Pub Works/Eng	95	15.57%		22.96%	\$196,128	PW/Eng
PR & C	102	16.72%		8.78%	\$74,988	PR & C
Con. Center	10	1.64%		3.90%	\$33,308	Con Center
C+ 1'						
Stadium	20	3.28%		6.27%	\$53,584	Stadium
D.D.						
DP	2	0.33%		1.19%	\$10,166	DP
Maint						
Maint	47	7.70%		3.65%	\$31,195	Maint
Planning		2 22 21				
Planning	39	6.39%		10.74%	\$91,700	Planning
Total	010	100.000		400.000		
i Utai	610	100.00%		100.00%	\$854,104	
	1					100